



HAWAII STATE ETHICS COMMISSION  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME (Last)		(First)	(Middle)	TELEPHONE
Hong		Lea		524-8563
MAILING ADDRESS (Street)			FAX	
The Trust for Public Land, 212 Merchant St., Suite 320			524-8565	
(City)	(State)	(Zip Code)		
Honolulu	HI	96813		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
The Trust for Public Land			524-8563	
MAILING ADDRESS (Street)			FAX	
212 Merchant St., Suite 320			524-8565	
(City)	(State)	(Zip Code)		
Honolulu	HI	96813		

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
The Trust for Public Land			524-8563
MAILING ADDRESS (Street)			FAX
212 Merchant Street, Suite 320			524-8565
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Lea Hong			524-8563
MAILING ADDRESS (Street)			FAX
The Trust for Public Land, 212 Merchant St., Suite 320			524-8565
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

<input checked="" type="checkbox"/> Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	_____
			_____

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Lea Hong  
(Signature of Lobbyist)

1/9/07  
(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
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Lea Hong

Hawaiian Islands Program Director

NAME OF ORGANIZATION (if applicable)

The Trust for Public Land

TELEPHONE

524-8563

MAILING ADDRESS (Street)

212 Merchant St. , Suite 320

FAX

524-8565

(City)

Honolulu

(State)

HI

(Zip Code)

96813

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

Lea Hong  
(Signature of Authorizing Officer or Person Represented)

1/9/07  
(Date)